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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Academy of Family Physicians Political Action Committee 2021 Massachusetts Avenue, NW ADDRESS (number and street) Check if different than previously DC 20036 Washington reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00411553 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2009 07 3 1 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Randell K. Wexler, MD Type or Print Name of Treasurer Electronically Filed by Randell K. Wexler, MD 08 19 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/35

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

American Academy of Family Physicians Political Action Committee

м °м 0 7 D D 0 1 2009 07 3 1 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 231911.27 January 1 (b) Cash on Hand at 184222.66 Begining of Reporting Period 26357.58 190660.47 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 210580.24 422571.74 6(a) and 6(c) for Column B) 28674.44 240665.94 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 181905.80 181905.80 (subtract Line 7 from Line 6(d)) Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 35

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From: 0 7

D D D

2009

o. 0.7

D

^D 31

^Y 2009

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	16688.42	136949.42
(ii) Unitemized	8908.11	44382.34
(iii) TOTAL (add Lines 11(a)(i) and (ii)	25596.53	181331.76
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	25596.53	181331.76
2. Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	761.05	3328.71
to Federal candidates and Other Political Committees	0.00	6000.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	26357.58	190660.47
. Total Federal Receipts (subtract Line 18(c) from Line 19)	26357.58	190660.47

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 35

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		I.
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	074.44	0005.04
	Expenditures	674.44	3265.94
	(c) Total Operating Expenditures	674.44	2005 04
_	(add 21(a)(i), (a)(ii) and (b))	674.44	3265.94
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	28000.00	237000.00
4.	Independent Expenditure		
	(use Schedule E)	0.00	0.00
<u>5</u> .	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
		0.00	0.00
6.	Loan Repayments Made	0.00	0.00
_		0.00	0.00
	Loans Made Refunds of Contributions To:	0.00	0.00
Ο.	(a) Individuals/Persons Other	0.00	0.00
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	400.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		3.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	28674.44	240665.94
	, , , , , , , , , , , , , , , , , ,		
	Total Federal Disbursements		
2.			
2.	(subtract Line 21(a)(ii) and Line 30(a)(ii)		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 35

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	25596.53	181331.76
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	25596.53	181331.76
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	674.44	3265.94
37.	Offsets to Operating Expenditures (from Line 15, page 3)	761.05	3328.71
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	-86.61	-62.77

FE6AN026

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American Academy of Family Physi	icians Political Action Committee	
Full Name (Last, First, Middle Initial) Maria Diana Ballesteros, MD Mailian Address 95999 Block Oct.		Date of Receipt
Mailing Address 25003 Black Crk City	State Zip Code	0 7 2 2 2 0 0 9 Transaction ID: C759438
San Antonio	TX 78257-1100	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Christus Health Care	Occupation Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	1
Other (specify) ▼	210.00	
Full Name (Last, First, Middle Initial) Justin V Bartos, MD		Date of Receipt
Mailing Address 4351 Booth Callowa	y Rd Ste 101	07 20 7 2009
City	State Zip Code	Transaction ID: C754987
North Richland Hil	TX 76180-7319	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	31.00
Name of Employer North Hills Family Medici- ne	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	217.00	
Full Name (Last, First, Middle Initial) Thomas E Bat, MD		Date of Receipt
Mailing Address 3400 Old Milton Pkv 3400 Old Milton Pkv	vy Ste 270	07 08 2009
City Alpharetta	State Zip Code GA 30005-3707	Transaction ID: C747702
FEC ID number of contributing federal political committee.	C 30003-3707	Amount of Each Receipt this Period 1000.00
Name of Employer North Fulton Fam Medicine PC	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (ontional)	1061.00
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line numb	•	11

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/35 (check only one) X 11a 11b 11c 12 13 14 15 16	
ny information copied from such Reports and r for commercial purposes, other than using t	Statements may not be sold or used by any pene name and address of any political committee		
NAME OF COMMITTEE (In Full) American Academy of Family Physic	ians Political Action Committee		
Full Name (Last, First, Middle Initial) Catherine A Bishop, MD		Date of Receipt	
Mailing Address 26 Applewood Dr		07 09 2009	
City Chillicothe	State Zip Code OH 45601-1903	Transaction ID: C747936 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	1000.00	
Name of Employer Adena Regional Medical Ce- nter	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) Jennifer L Brull, MD		Date of Receipt	
Mailing Address PO BOX 5 PO Box 5		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
City	State Zip Code	Transaction ID: C760165	
Plainville FEC ID number of contributing federal political committee.	KS 67663-0005	Amount of Each Receipt this Period 500.00	
Name of Employer Self Employed	Occupation Physician		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	500.00		
Full Name (Last, First, Middle Initial) Graham T Chelius, MD		Date of Receipt	
Mailing Address PO BOX 414		07 08 2009	
City	State Zip Code	Transaction ID: C747622	
Waimea EEC ID number of contribution	HI 96796-0414	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	500.00	
Name of Employer West Kauai Clinics	Occupation Physician		
Receipt For: Primary General	Aggregate Year-to-Date ▼		
Other (specify)	500.00		
SUBTOTAL of Receipts This Page (optional)		2000.00	

or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personename and address of any political committee to	on for the purpose of soliciting contributions
	• • •		SOURCE CONTINUUTIONS TROTTI SUCTI CONTINUEC.
<u> </u>	American Academy of Family Physic	ians Political Action Committee	
١.	Full Name (Last, First, Middle Initial) Francis Nien Yuen Chu, MD		Date of Receipt
	Mailing Address 10800 Magnolia Ave	# 2F	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: C760064
	Riverside	CA 92505-3043	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer SCPMG	Occupation Physician	7
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
 3.	Full Name (Last, First, Middle Initial) Steven Michael Connolly, MD		Date of Receipt
	Mailing Address 436 Hinsdale Rd		07 13 7 2009
	City	State Zip Code	Transaction ID: C750342
	Camillus	NY 13031-1648	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	500.00
	Name of Employer Family Care Medical Group	Occupation Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
 ;.	Full Name (Last, First, Middle Initial) Steven A Crawford, MD FAAFP		Date of Receipt
	Mailing Address 900 Ne 10Th St 900 NE 10th St		07 24 2009
	City	State Zip Code	Transaction ID: C760148
	Oklahoma City	OK 73104-5420	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer University of Oklahoma	Occupation Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	300.00]
s	UBTOTAL of Receipts This Page (optional)		900.00

ation copied from such Reports and Stercial purposes, other than using the DF COMMITTEE (In Full) can Academy of Family Physician Academy of Family Physicians (Last, First, Middle Initial) David, MD Address 804 Huntington Ct Temployer are Physicians For: Imary General Inter (specify) The (Last, First, Middle Initial) Ewy, MD Address 720 Medical Center Drange of contributing The purpose of contributing The purpose of contributing	State NY C Occupation Physician Aggregate	Action Committee Zip Code 12203-6015	Date of Recei	ipt 2 1 2 0 0 9 ID: C758866 ach Receipt this Period 625.00
an Academy of Family Physiciane (Last, First, Middle Initial) David, MD Address 804 Huntington Ct number of contributing political committee. Employer are Physicians For: imary General her (specify) The (Last, First, Middle Initial) Ewy, MD Address 720 Medical Center Dr	State NY C Occupation Physician Aggregate	Zip Code 12203-6015 nn n e Year-to-Date ▼ 1875.00	Date of Recei	ipt D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Address 804 Huntington Ct number of contributing political committee. Employer are Physicians For: General her (specify) The (Last, First, Middle Initial) Ewy, MD Address 720 Medical Center Dr	Occupation Physician Aggregate	12203-6015 n n e Year-to-Date 1875.00	Date of Recei	ipt D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
number of contributing political committee. Employer are Physicians For: General her (specify) The (Last, First, Middle Initial) Ewy, MD Address 720 Medical Center Dr	Occupation Physician Aggregate	12203-6015 n n e Year-to-Date 1875.00	Date of Recei	2 1 2 0 0 9 ID: C758866 ach Receipt this Period 625.00
Employer are Physicians For: imary General her (specify) ne (Last, First, Middle Initial) Ewy, MD Address 720 Medical Center Dr	Occupation Physician Aggregate	12203-6015 n n e Year-to-Date 1875.00	Date of Recei	ipt D D D D D D D D D D D D D D D D D D
Employer are Physicians For: imary General her (specify) ne (Last, First, Middle Initial) Ewy, MD Address 720 Medical Center Dr	Occupation Physician Aggregate	n n e Year-to-Date ▼ 1875.00	Date of Recei	625.00 ipt
Employer are Physicians For: imary General her (specify) ne (Last, First, Middle Initial) Ewy, MD Address 720 Medical Center Dr	Occupation Physician Aggregate	n e Year-to-Date ▼ 1875.00	07	ipt
For: imary General her (specify) ne (Last, First, Middle Initial) Ewy, MD Address 720 Medical Center Dr	Physician Aggregate r State	n e Year-to-Date ▼ 1875.00	07	24 2009
imary General her (specify) ne (Last, First, Middle Initial) Ewy, MD Address 720 Medical Center Dr	r State	1875.00	07	24 2009
Ewy, MD Address 720 Medical Center Dr	State	Zip Code	07	24 2009
Address 720 Medical Center Dr	State	Zip Code	07	24 2009
		Zip Code	Transaction	ID: C760164
	KS		ITALISACTION I	D. 070010 1
number of contribution		67114-8778	Amount of Ea	ach Receipt this Period
number of contributing political committee.	C			365.00
Employer Clinic	Occupation Physician			
For: imary ☐ General her (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00		
ne (Last, First, Middle Initial) Fahrenwald, MD			Date of Recei	ipt
Address 123 S 27Th St Ste B			0 7	21
	State	Zip Code	Transaction I	ID: C758883
3	MT	59101-4200	Amount of Ea	ach Receipt this Period
number of contributing political committee.	C			365.00
Employer ne Health/MT Fami- ine R				
For: imary General her (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00		
	imary General her (specify) The (Last, First, Middle Initial) Fahrenwald, MD Address 123 S 27Th St Ste B Continumber of contributing solitical committee. Employer ne Health/MT Familine R For: imary General	For: imary General her (specify) The (Last, First, Middle Initial) Fahrenwald, MD Address 123 S 27Th St Ste B State MT C Employer ne Health/MT Fami- ine R For: imary General her (specify) General General General Aggregate Aggregate Aggregate	For: imary	For: Aggregate Year-to-Date ▼ imary

TOTAL This Period (last page this line number only)

or for commercial purposes, other than NAME OF COMMITTEE (In Full) American Academy of Family Full Name (Last, First, Middle Initia Doreen E Feldhouse, MD Mailing Address 1043 Sir Jame City Dyersburg FEC ID number of contributing federal political committee. Name of Employer Family Care, PC	State Zip Code TN 38024-7344 C Occupation Physician	Date of Receipt Date of Receipt 2 0 0 9
Full Name (Last, First, Middle Initia Doreen E Feldhouse, MD Mailing Address 1043 Sir Jame City Dyersburg FEC ID number of contributing federal political committee. Name of Employer Family Care, PC	State Zip Code TN 38024-7344 C Occupation Physician	Transaction ID: C760036 Amount of Each Receipt this Period
Mailing Address 1043 Sir Jame City Dyersburg FEC ID number of contributing federal political committee. Name of Employer Family Care, PC	State Zip Code TN 38024-7344 C Occupation Physician	Transaction ID: C760036 Amount of Each Receipt this Period
Dyersburg FEC ID number of contributing federal political committee. Name of Employer Family Care, PC	TN 38024-7344 C Occupation Physician	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Family Care, PC	Occupation Physician	
	Physician	┪
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 212.94	
Full Name (Last, First, Middle Initia Michael O Fleming, MD Mailing Address 556 Dunmore		Date of Receipt
City	State Zip Code	0 7 2 2 2 0 0 9 Transaction ID: C759437
Shreveport	LA 71106-6125	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer N/A	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initia Corrine M Ganske, MD	1)	Date of Receipt
Mailing Address 840 E Univers	sity Ave	07 03 2009
City	State Zip Code	Transaction ID: C746995
Des Moines	IA 50316-2304	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer lowa Health Des Moines	Occupation Residency Program Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	430.42

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 35 (check only one) X 11a
A or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mane and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Family Physic	ians Political	Action Committee	
	Full Name (Last, First, Middle Initial) Christopher Garofalo, MD Mailing Address 1 Whitman Ln			Date of Receipt
				07 05 7 2009
	City N Attleboro	State MA	Zip Code 02760-2723	Transaction ID: C747015
	FEC ID number of contributing federal political committee.	C	02700-2723	Amount of Each Receipt this Period 250.00
	Name of Employer Family Medicine Associates	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Carolyn N Gaughan, CAE			Date of Receipt
	Mailing Address E Dir KS AFP Bldg 10 7570 W 21st St N 10			07 24 7 2009
	City Wichita	State KS	Zip Code	Transaction ID: C760163
	FEC ID number of contributing federal political committee.	C	67205-1734	Amount of Each Receipt this Period 365.00
	Name of Employer Kansas Academy of Family Physicians	Occupatio Chapter	n Executive	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		365.00	
	Full Name (Last, First, Middle Initial) Deborah Geismar, MD			Date of Receipt
	Mailing Address 822 Monroe St			07 DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C747944
	Evanston	<u>IL</u>	60202-2615	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer Family Medicine Associates of Lutheran	Occupatio Physicia	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Γ,	SUBTOTAL of Receipts This Page (optional)			915.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than u	s and Statements may not be sold or used by any per sing the name and address of any political committee hysicians Political Action Committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Roland Adolph Goertz, MD Mailing Address 1600 Providence	e Dr State Zip Code	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Waco FEC ID number of contributing federal political committee.	TX 76707-2261	Amount of Each Receipt this Period 417.00
Name of Employer Family Practice Center Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 2919.00	
Full Name (Last, First, Middle Initial) Suzanne E Graham Hooker, MD Mailing Address 123 Coachman	s Dr	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Auburn FEC ID number of contributing	State Zip Code AL 36832-1851	Transaction ID: C755021 Amount of Each Receipt this Period
federal political committee. Name of Employer Information Requested	Occupation	300.00
Receipt For: Primary General Other (specify) ▼	Information Requested Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) John Allan Gross, MD Mailing Address 591 41St Ave N	e	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C747734
Saint Petersburg FEC ID number of contributing federal political committee.	FL 33703-5005	Amount of Each Receipt this Period 365.00
Name of Employer St. Anthony's Primary Care	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (op	ional)	1082.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13/35 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Physics	sicians Political	Action Committee	
Full Name (Last, First, Middle Initial) Lori J Heim, MD			Date of Receipt
Mailing Address 250 Hollybrook Fal	m Ln		07 16 2009
City Vass	State NC	Zip Code 28394-8952	Transaction ID: C751209 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20034 0002	500.00
Name of Employer Scotland Memorial Hospital	Occupation Hospitali	n st physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 3500.00	
Full Name (Last, First, Middle Initial) Thomas C Hines, MD			Date of Receipt
Mailing Address 10 Whittemore St			07 08 2009
City Arlington	State MA	Zip Code	Transaction ID: C747688
FEC ID number of contributing federal political committee.	C	02474-6602	Amount of Each Receipt this Period 365.00
Name of Employer Boston Medical Center	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	<u> </u>	Year-to-Date ▼	
Full Name (Last, First, Middle Initial) James Darrel King, MD			Date of Receipt
Mailing Address 1 Prime Care Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Selmer	State TN	Zip Code 38375-1864	Transaction ID: C750328
FEC ID number of contributing federal political committee.	C	36373-1004	Amount of Each Receipt this Period 500.00
Name of Employer Primecare Medical Center	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 3500.00	
			1365.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 35 (check only one) X
Any Information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Phys	nd Statements may not be sold or used by any person the name and address of any political committee to sicians Political Action Committee	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Laura C Knobel, MD		Date of Receipt
Mailing Address 3 Freedom Way		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C761415
Walpole	MA 02081-2290	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Jerry E Kruse, MD		Date of Receipt
Mailing Address 612 N 11Th St Ste 612 N 11th St Ste E		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C747679
Quincy	IL 62301-2662	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Southern Illinois Univers- ity	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Patricia Jean Lindholm, MD	I	Date of Receipt
Mailing Address 615 S Mill St		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C761177
Fergus Falls	MN 56537-2756	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Fergus Falls Medical Grou- p, PA	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
		950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 35 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physic	Statements may not be sold or used by any pers le name and address of any political committee to itans Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Beth Lawson Loney, MD Mailing Address 4813 E 27Th St N City Wichita FEC ID number of contributing federal political committee. Name of Employer Wesley Family Medicine Reisdency Receipt For: Primary General Other (specify)	State Zip Code KS 67220-2632 C Occupation Resident Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Lucy Williams Loomis, MD Mailing Address 1759 Hudson St City Denver FEC ID number of contributing federal political committee. Name of Employer Denver Health and Hospital Authority Receipt For: Primary General Other (specify)	State Zip Code CO 80220-1452 C Occupation Physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M M / D D / Y Y Y Y Y O 7 0 8 2 0 0 9 Transaction ID: C747691 Amount of Each Receipt this Period 300.00
Full Name (Last, First, Middle Initial) Amy Kristen McIntyre, MD Mailing Address 695 E Holly St Apt 302 City Boise FEC ID number of contributing federal political committee. Name of Employer Family Medicine Residency of Idaho Receipt For: Primary General Other (specify)	State Zip Code ID 83712-7817 C Occupation Resident Physician Aggregate Year-to-Date 800.00	Date of Receipt M M M / D D M / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		850.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 35 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physic	Statements may not be sold or used by any persone name and address of any political committee to clams Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Amy Kristen McIntyre, MD Mailing Address 695 E Holly St Apt 302 City Boise FEC ID number of contributing federal political committee. Name of Employer Family Medicine Residency of Idaho Receipt For: Primary General Other (specify)	State Zip Code ID 83712-7817 C Occupation Resident Physician Aggregate Year-to-Date 800.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Kevin P Mikus, MD Mailing Address 2407 Plantation Cent City Matthews FEC ID number of contributing federal political committee. Name of Employer Carolinas Healthcare Syst-	er Dr, Ste 102 State Zip Code NC 28105-6614 C Occupation Physician	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
em Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Anne M Montgomery, MD Mailing Address 104 W 5Th Ave Ste 2 104 W 5th Ave Ste 2	Aggregate Year-to-Date ▼ 625.00 200W 00W	Date of Receipt 07 07 07 000 000 000 000 000
City Spokane FEC ID number of contributing federal political committee.	State Zip Code WA 99204-4803	Transaction ID: C759436 Amount of Each Receipt this Period 100.00
Name of Employer Inland Empire Hospital Se- rvices Associ Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 700.00	
SUBTOTAL of Receipts This Page (optional)		725.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16
	Statements may not be sold or used by any perse name and address of any political committee t	
NAME OF COMMITTEE (In Full) American Academy of Family Physic	ians Political Action Committee	
Full Name (Last, First, Middle Initial) Javette C Orgain, MD		Date of Receipt
Mailing Address PO BOX 806527 City	State Zip Code	0 7 2 8 2 0 0 9 Transaction ID: C761175
<u>Chicago</u>	IL 60680-4126	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer University of Illinois	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00	
Full Name (Last, First, Middle Initial) Deepak S Patel, MD		Date of Receipt
Mailing Address 1117 Stonehaven Cir		07
City	State Zip Code	Transaction ID: C749575
<u>Aurora</u>	IL 60504-8404	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Rush copley Medical Grp	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Richard L Rajewski, MD		Date of Receipt
Mailing Address 2509 Canterbury Dr 2509 Canterbury Dr		07 08 7 2009
City	State Zip Code	Transaction ID: C747675
Hays	KS 67601-2233	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Hays Family Practice	Occupation Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional)		700.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 35 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physician	Statements may not be sold or used by any personal ename and address of any political committee to the same and address of any political committee to the same and address of any political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		B. (B.)
Elisabeth L Righter, MD Mailing Address 229 S Morrison St 229 S Morrison St		Date of Receipt 0 7 2 8 2 0 0 9
City	State Zip Code	Transaction ID: C761173
<u>Appleton</u>	WI 54911-5725	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer University of WI School of Med. & Pub.	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial)	1	Data of Descript
Sallie H Rixey, MD Mailing Address 209 Club Rd		Date of Receipt 0 7 1 4 2 0 0 9
City	State Zip Code	Transaction ID: C750642
<u>Baltimore</u>	MD 21210-2211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Franklin Square Hospital Center	Occupation Residency Director	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Paul Justin Robinson, DO		Date of Receipt
Mailing Address 1348 Broadway Apt A		07 21 2009
City	State Zip Code	Transaction ID: C759426
Alameda	CA 94501-4671	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional) .	1	850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Academy of Family Physics	d Statements may not be sold or used by any pers he name and address of any political committee to class Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
/	Cidio i Citical Notion Committee	
Full Name (Last, First, Middle Initial) Sarah L Sams, MD		Date of Receipt
Mailing Address 2994 Frazell Rd		07 24 2009
City	State Zip Code	Transaction ID: C760146
Hilliard	OH 43026-9785	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Ohio Health, Grant Medical	Occupation Physician	
Center Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) J Christopher Chris Sartore, MD	1	Date of Receipt
Mailing Address 1137 W Mill Rd 1137 W Mill Rd		0 7 0 9 2 0 0 9
City	State Zip Code	Transaction ID: C747939
Evansville	IN 47710-3807	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Welborn Clinic	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Jon C Seager, MD		Date of Receipt
Mailing Address 602 Church St Sw		07 21 YYYY 2009
City	State Zip Code	Transaction ID: C758840
North Canton	OH 44720-2904	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Community Health Care Inc	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
		875.00

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for each	parate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 20 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may not be solo name and address of any	d or used by any persor political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Family Physicia			
۸.	Full Name (Last, First, Middle Initial) George Wm Shannon, MD	Date of Receipt		
	Mailing Address 2301 Slate Dr City	State Zip Co	nde	0 7 2 4 2 0 0 9 Transaction ID: C760143
	Columbus	· .	6-1443	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer Horizons Diagnstics LLC	Occupation Family Doc		1
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	ate ▼ 375.00	
	Full Name (Last, First, Middle Initial) Glen R Stream, MD			Date of Receipt
	Mailing Address 14408 E Sprague Ave			07 08 7 2009
	City	State Zip Co		Transaction ID: C747656
	Spokane Valley FEC ID number of contributing federal political committee.	WA 99216	3-2167	Amount of Each Receipt this Period 250.00
	Name of Employer Rockwood Clnic	Occupation Physician		
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Da	tte ▼ 1250.00	
_	Full Name (Last, First, Middle Initial) Todd A Thames, MD			Date of Receipt
	Mailing Address 333 N Santa Rosa Ave 333 N Santa Rosa Ave			07 28 2009
	City	State Zip Co		Transaction ID: C761174
	San Antonio FEC ID number of contributing federal political committee.	TX 78207	-3108	Amount of Each Receipt this Period 50.00
	Name of Employer Christus Santa Rosa Health Care	Occupation Physician		
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Da	ate ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional)	I		375.00

A. Full I Tim. Mailin City Peo Feder Nam St. F	ommercial purposes, other than using the interpretation of the purpose of the result of the purpose of	State Zip Code IL 61606-1504	Date of Receipt Date of Receipt
A. Tim Mailin Mailin City Peo FEC feder Nam St. F Rece Full Nam John	ria ID number of contributing ral political committee. e of Employer rancis Medical Center	IL 61606-1504	Transaction ID: C758871 Amount of Each Receipt this Period
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Rece Full N B. John		T	
B. John	Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 300.00	
	Name (Last, First, Middle Initial) A Walker, Jr ng Address PO BOX 280		Date of Receipt 0 7 1 5 2 0 0 9
City		State Zip Code	Transaction ID: C750797
<u>Pon</u>	chatoula	LA 70454-0280	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C	250.00
Fam <u>s, LL</u>	e of Employer ily Medicine Physician- C eipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date 250.00	
C. Rayn	Name (Last, First, Middle Initial) nond R Walker, MD ng Address 4130 Persimmon Hill C	V	Date of Receipt
City		State Zip Code	0 7 2 0 2 0 0 9 Transaction ID: C754988
<u>Bart</u>	tlett	TN 38135-5175	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C	125.00
	e of Employer rancis Hospital	Occupation Physician	
Rece	eipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 625.00	
SUBTO			

City Scottsdale AZ 85260-1322 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Physician Receipt For: Primary General Other (specify) ▼ O7 27 2009 Transaction ID: C761014 Amount of Each Receipt this Period 30.00		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 35 (check only one) X 11a
A. American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Jane A Weida, MD Mailing Address 1011 Handsome PI City State Zip Code PA 17543-9708 FEC ID number of contributing federal political Center Physician B. Christopher Nathan White, MD Mailing Address 888 S Hill Rd City State Zip Code Physician Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ FEC ID number of contributing federal political committee. Ca 93003-8400 FEC ID number of contributing federal political committee. Name of Employer Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ FEC ID number of contributing federal political committee. City State Zip Code Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ FEC ID number of contributing federal political committee. City Scottsdale AZ 85260-1322 FEC ID number of contributing federal political committee. Name of Employer State Zip Code Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	(or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. Jane A Weida, MD Mailling Address 1011 Handsome PI City State Zip Code JLITE2 PA 17543-9708 FEC ID number of contributing rederal political committee. Name of Employer Letters Modical Center Physician Receipt For: Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Christopher Nathan White, MD Mailling Address 888 S Hill Rd City State Zip Code Year-to-Date ▼ Perlinary General Other (specify) ▼ State Zip Code Transaction ID: C750341 Amount of Each Receipt the Primary State Sign Code Si		` '			
City State Zip Code PA 17543-9708 FEC ID number of contributing federal political committee. Name of Employer Ferrimary General Other (specify) ▼	۹.	Jane A Weida, MD			
Lititz PA 17543-9708 FEC ID number of contributing federal political committee. Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Occupation Physician B. Christopher Nathan White, MD Mailing Address 888 S Hill Rd City State Zip Code Carpanion Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Occupation Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Occupation Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Occupation Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Occupation Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Occupation Physician Receipt For: Primary General Other (specify) ▼ Occupation Physician Receipt For: Primary General Other (specify) ▼ Occupation Physician Receipt For: Primary General Other (specify) ▼ Occupation Physician Receipt For: Primary General Other (specify) ▼ Occupation Physician Receipt For: Primary General Other (specify) ▼ Occupation Physician Aggregate Year-to-Date ▼ Occupation Physician Receipt For: Primary General Other (specify) ▼ Occupation Physician Aggregate Year-to-Date ▼ Occupation Physician Receipt For: Primary General Other (specify) ▼ Occupation Physician			State	Zin Code	07 28 2009
FEC ID number of contributing tederal political committee. Name of Employer (Last, First, Middle Initial) Christopher Nathan White, MD Mailing Address 888 S Hill Rd City State Zip Code Ventura CA 93003-8400 FEC ID number of contributing federal political committee. Name of Employer (Last, First, Middle Initial) Christopher Nathan White, MD City State Zip Code CA 93003-8400 FEC ID number of contributing federal political committee. Name of Employer (Last, First, Middle Initial) Christopher Nathan White, MD Aggregate Year-to-Date ▼ Primary General Question Physician Aggregate Year-to-Date ▼ Primary General Question Physician Physician Date of Receipt Transaction ID: C750341 Amount of Each Receipt this Period 400.00 Date of Receipt Transaction ID: C750341 Amount of Each Receipt this Period FEC ID number of contributing FEC ID number of contributing federal political committee. C. Susan S Wilder, MD Aggregate Year-to-Date ▼ Transaction ID: C761014 Amount of Each Receipt this Period Transaction ID: C761014 Amount of Each Receipt To: 100.00 Transaction ID: C761014 Amount of Each Receipt To: 100.00 Transaction ID: C761014 Amount of Each Receipt To: 100.00 Transaction ID: C761014 Transaction ID: C76				·	
Receipt For: Primary General Other (specify) ▼		FEC ID number of contributing			
Primary General Other (specify) ▼ 400.00 Pull Name (Last, First, Middle Initial) Christopher Nathan White, MD Mailing Address 888 S Hill Rd		Name of Employer Hershey Medical Center			
City State Zip Code Transaction ID: C750341 Ventura		Primary General	Aggregate		
City Ventura CA 93003-8400 FEC ID number of contributing federal political committee. Name of Employer Kiser Permanente Primary Other (specify) ▼ City State Zip Code AZ 85260-1322 FEC ID number of contributing federal political committee. Occupation Physician Aggregate Year-to-Date Part	– В.	Christopher Nathan White, MD			
Ventura CA 93003-8400 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Kiser Permanente Primary Other (specify) ▼ C. Susan S Wilder, MD Mailing Address 8757 E Bell Rd City Scottsdale FEC ID number of contributing federal political committee. Scottsdale FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Occupation Physician Aggregate Year-to-Date ▼ Transaction ID: C761014 Amount of Each Receipt this Period Transaction ID: C761014 Amount of Each Receipt this Period Transaction ID: C761014 Amount of Each Receipt this Period Transaction ID: C761014 Amount of Each Receipt this Period Transaction ID: C761014 Amount of Each Receipt this Period Transaction ID: C761014 Amount of Each Receipt this Period 210.00					07 13 2009
FEC ID number of contributing federal political committee. Name of Employer Kiser Permanente Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Susan S Wilder, MD Mailing Address 8757 E Bell Rd City State Zip Code AZ 85260-1322 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Occupation Physician Receipt For: Aggregate Year-to-Date ▼ Transaction ID: C761014 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼		•		•	
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Author (Last, First, Middle Initial) Susan S Wilder, MD Mailing Address 8757 E Bell Rd City State Zip Code AZ 85260-1322 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 100.00 Date of Receipt Transaction ID: C761014 Amount of Each Receipt this Period 30.00		FEC ID number of contributing		93003-8400	
Primary General Other (specify) ▼ August 1		Name of Employer Kiser Permanente			
C. Susan S Wilder, MD Mailing Address 8757 E Bell Rd City State Zip Code Scottsdale AZ 85260-1322 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼ Date of Receipt 10 7 2 7 2 0 0 9 Transaction ID: C761014 Amount of Each Receipt this Period 30.00		Primary General	Aggregate	1 1 1 1 1 1 1	
City State Zip Code AZ 85260-1322 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Primary General Other (specify) ▼ O7 27 2009 Transaction ID: C761014 Amount of Each Receipt this Period 30.00 Aggregate Year-to-Date ▼ 210.00	_ C.	,			Date of Receipt
Scottsdale FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Period C 30.00 Amount of Each Receipt this Period 210.00					07 27 2009
FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) Occupation Physician Aggregate Year-to-Date 210.00		•		·	
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		FEC ID number of contributing		03200-1322	
Primary General Other (specify) ▼ 210.00		Name of Employer Self-Employed			
		Primary General	Aggregate		
SUBTOTAL of Receipts This Page (optional)		SUBTOTAL of Receipts This Page (optional) .	1		530.00

A.

PAGE 23/35 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Keith Allen Wright, MD Date of Receipt Mailing Address 6002 Tuttle Ter 07 0 1 2009 City State Zip Code Transaction ID: C746766 Manhattan KS 66503-8670 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 C federal political committee. Name of Employer Self Employed Occupation Family Physician Receipt For: Aggregate Year-to-Date General Primary 1000.00 Other (specify) Full Name (Last, First, Middle Initial) В. Paul Victor Zimmer, MD Date of Receipt Mailing Address 1818 E Rezanof Dr 07 8 0 2009 A-0040 City State Zip Code Transaction ID: C747715 Kodiak ΑK 99615-6505 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Self Employed Occupation Physician Receipt For: Aggregate Year-to-Date Primary General

SUBTOTAL of Receipts This Page (optional)	<u> </u>	1250.00
TOTAL This Period (last page this line number only)	•	16688.42

250.00

Other (specify)

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 35 (check only one) 11a 11b 11c 12 13 14 X 15 16 17	
	Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements ma name and ad	ay not be sold or used by any persoldress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) American Academy of Family Physicia	ns Political	Action Committee		
Α.	Full Name (Last, First, Middle Initial) American Academy of Family Physicians	Date of Receipt			
	Mailing Address 11400 Tomahawk Creek Pkwy			07 08 2009	
	City	State	Zip Code	Transaction ID: C747686	
	Leawood	KS	66211-2672	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		134.28	
	Name of Employer	Occupation	on		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3328.71		
В.	Full Name (Last, First, Middle Initial) American Academy of Family Physicians			Date of Receipt	
	Mailing Address 11400 Tomahawk Cree	ek Pkwy		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: C761212	
	Leawood	KS	66211-2672	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		626.77	
	Name of Employer	Occupation	on		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 3328.71	1	

		761.05
SUBTOTAL of Receipts This Page (optional)	•	761.05
TOTAL This Period (last page this line number only)	•	761.05

В.

C.

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 25 / 35
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Stater		by any person fo	or the purpose of so	liciting contributions
or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)	e and address of any political c	Ornmittee to sol	icil contributions fro	III SUCH COMMITTEE
American Academy of Family Physicians	Political Action Committee)		
Full Name (Last, First, Middle Initial) American Express			Transaction ID:	
·			Date of Disburse	D / Y Y Y Y
Mailing Address PO Box 53852			0 7 0	2009
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each	Disbursement this Period
Purpose of Disbursement Bank card processing fee		0 0		0.98
Candidate Name		Category/ Type		
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) American Express			Transaction ID: Date of Disburse	ment
Mailing Address PO Box 53852			07 0	2 7 2009
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each	Disbursement this Period
Purpose of Disbursement	7.2 00072 0002			8.31
Bank card processing fee Candidate Name		Category/ Type		
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)	Турс		
Full Name (Last, First, Middle Initial)			Transaction ID:	D88470
American Express			Date of Disburse	ment
Mailing Address PO Box 53852			07 0	6 7 2009
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each	Disbursement this Period
Purpose of Disbursement Bank card processing fee			L	11.86
Candidate Name		Category/ Type		
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)	. ,,,,,		
State: District:				
SUBTOTAL of Disbursements This Page (optional)				21.15

TOTAL This Period (last page this line number only)

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	ary Page X 21b 22 28a old or used by any person for the puny political committee to solicit cont Committee Trans Date M 7	saction ID: D88471 of Disbursement M / D 1 3 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
or for commercial purposes, other than using the name and address of NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City State Zip Phoenix AZ 85 Purpose of Disbursement Bank card processing fee	Trans Date M 7 Code Amou	saction ID: D88471 of Disbursement M / D 1 3 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City State Zip Phoenix AZ 85 Purpose of Disbursement Bank card processing fee	Committee Trans Date 0 7 Code Amou	saction ID: D88471 of Disbursement M / D D D / Y Y Y O Y O Y O O O O O O O O O O O O
Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City State Zip Phoenix AZ 85 Purpose of Disbursement Bank card processing fee	Trans Date 0 7	of Disbursement M / D 1 3 / Y 2 0 0 9 Y unt of Each Disbursement this Period
American Express Mailing Address PO Box 53852 City State Zip Phoenix AZ 85 Purpose of Disbursement Bank card processing fee	Date 0 7	of Disbursement M / D 1 3 / Y 2 0 0 9 Y unt of Each Disbursement this Period
City State Zip Phoenix AZ 85 Purpose of Disbursement Bank card processing fee	Code Amou	unt of Each Disbursement this Period
Phoenix AZ 85 Purpose of Disbursement Bank card processing fee		
Bank card processing fee		
Candidate Name		3.25
Candidate Name	Category/ Type	
Office Sought: Senate President State: Disbursement For: Primary Other (specify)	General	
Full Name (Last, First, Middle Initial)	Trans	saction ID: D88472
American Express	Date	of Disbursement
Mailing Address PO Box 53852	0 7	M / D D D / Y 2 0 0 9 Y
	Code Amou 72-3852	unt of Each Disbursement this Period
Purpose of Disbursement Bank card processing fee		1.63
Candidate Name	Category/ Type	
Office Sought: House Senate President Disbursement For: Primary Other (specify)	General	
State: District:		
Full Name (Last, First, Middle Initial) American Express	Date	saction ID: D88473 of Disbursement
Mailing Address PO Box 53852	0 ^M 7	M / 20 / Y 2009 Y
	Code Amor 72-3852	unt of Each Disbursement this Period
Purpose of Disbursement Bank card processing fee		16.25
Candidate Name	Category/ Type	
Office Sought: House Disbursement For: Senate Primary Other (specify)	General	
State: District:		

TOTAL This Period (last page this line number only)

CHEDULE B (FEC Form 3X)	Use sep	arate schedule(s)		-	INE NUMBER: PAG		AGE	27 / 3	35		
EMIZED DISBURSEMENTS		category of the Summary Page	X	21b 27	22 28a		23 28b	24 28c		25 29	
y Information copied from such Reports and State for commercial purposes, other than using the nan											
NAME OF COMMITTEE (In Full)	ne and addre	ss of any political c	201111111	1100 10 30	JICIL COITL	iibutii	JIIS III	JIII SUCII	COITIII	iiillee	
American Academy of Family Physicians	Political A	ction Committee	Э								
Full Name (Last, First, Middle Initial) American Express								D884 ement	74		
Mailing Address PO Box 53852					0 ^M 7	M /	^D 2	3 /	Y Y	0 ŏ 9	Y
City Phoenix	State AZ	Zip Code 85072-3852			Amou	unt of	Each	Disburs	ement	this P	Perio
Purpose of Disbursement Bank card processing fee			°		L.					3.25	
Candidate Name			Cateo								
Office Sought: House Disburs Senate President	sement For: Primary Other (spe	General ecify) ▼									
State: District:											
Full Name (Last, First, Middle Initial) American Express								D884 ement	75		
Mailing Address PO Box 53852					0 ^M 7	M /	^D 2	^D 4	^Y ^Y 2	0 ŏ 9	Y
City Phoenix	State AZ	Zip Code 85072-3852			Amou	ınt of	Each	Disburs	ement	this P	Perio
Purpose of Disbursement Bank card processing fee										1.01	
Candidate Name			Cateo Typ								
Office Sought: House Disburs Senate President	Primary Other (spe	General ecify) ▼									
State: District:											
Full Name (Last, First, Middle Initial) American Express					Date	of Di	sburse	D884 ement	76		
Mailing Address PO Box 53852					0 ^M 7	M /	^D 2	7 /	Ý Ž	0 ŏ 9) \
City Phoenix	State AZ	Zip Code 85072-3852			Amou	unt of	Each	Disburs	ement	this P	Peric
Purpose of Disbursement Bank card processing fee			,		L.					17.24	
Candidate Name			Cateo								
Office Sought: House Disburs Senate President	Primary Other (spe	General ecify) ▼									
State: District:											
										21.50	

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			R LIN		UMBE	R:		P	AGE	28 /	35
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	_ I =	X	21b 27	П	22 28a	П	23 28b	24 28c		25 29	26 30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam			ny p	ersor		the pu		se of s	oliciting c		outions	
NAME OF COMMITTEE (In Full)												
American Academy of Family Physicians I	Political Action Committe	ee										
Full Name (Last, First, Middle Initial) American Express								on ID:	: D884	77		
Mailing Address PO Box 53852						0 ^M 7	M	/ D2	28	Y 2	0 0 9	e Y
	State Zip Code					Amou	nt o	f Each	Disburse	emer	t this I	Period
Phoenix	AZ 85072-3852										7.31	
Purpose of Disbursement Bank card processing fee						-	-	-		-	7.0	
Candidate Name			tego ype									
Senate President	ement For: Primary General Other (specify)											
State: District:												
Full Name (Last, First, Middle Initial) American Express						Date o	of Di	isburs				_
Mailing Address PO Box 53852						0 ^M 7	M	′ В	3 1 /	2	o ŏ s	9 ^Y
City Phoenix	State Zip Code AZ 85072-3852					Amou	nt o	f Each	Disburse	emer	t this I	Period
Purpose of Disbursement Bank card processing fee							_				0.98	3
Candidate Name			tego ype	-								
Senate President	ement For: Primary General Other (specify)											
State: District:												
Full Name (Last, First, Middle Initial) Bank Of America Merchant Services								on ID:	: D884 ement	79		
Mailing Address WA2-505-01-40 PO Box 2485						0 ^M 7	М	[′]	1 /	2	o ŏ s	Θ^{\vee}
City Spokane	State Zip Code WA 99210-2485					Amou	nt o	f Each	Disburse	-		
Purpose of Disbursement Bank card processing fee							0			.5	64.63	3
Candidate Name			tego Type	•								
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)											
State: District:	•											
SUBTOTAL of Disbursements This Page (optional)				<u> </u>						5	72.92	2

TOTAL This Period (last page this line number only)

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~ 4							
5(CHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER:	PAGE	29 / 35	
Τ	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	y one) 22 23 28a 28b	24 28c	25 29	26 30b
	y Information copied from such Reports and Sta or commercial purposes, other than using the n				•		
$\overline{}$	NAME OF COMMITTEE (In Full)						
	American Academy of Family Physician	s Political Action Committee					
	Full Name (Last, First, Middle Initial)			Transaction ID:	088480		
	Discover Network			Date of Disburseme	nt		
	Mailing Address P O Box 52145			$\begin{bmatrix} 0 & 7 & M \end{bmatrix} / \begin{bmatrix} 0 & 2 & D \end{bmatrix}$	/ Y 2	0 0̈ 9 °	
	City Phoenix	State Zip Code AZ 85072-2145		Amount of Each Dis			riod
	Purpose of Disbursement Bank card processing fee			L		37.74	
	Candidate Name		Category/ Type				
	Office Sought: House Disbuter Senate President	rsement For: Primary General Other (specify) ▼					
	State: District:						

SUBTOTAL of Disbursements This Page (optional)	•	37.74
TOTAL This Period (last page this line number only)	•	674.44

	PUEDOFE B (L		y Use sepa	arate schedule(s)				NUMBE y one)	ER:			PAGE	30 / 3	35
	EMIZED DISBU		Detailed	category of the Summary Page		2 2	1b 7	22 28a		23 28b	24 28	С	25 29	
	y Information copied from for commercial purposes NAME OF COMMITTE	, other than using t												
<i>)</i>	American Academy	of Family Physi	cians Political Ad	ction Committe	ee									
	Full Name (Last, First, I MAKING BUSINES:	,	TICAL ACTION C	OMMITTEE				Date	of Dis	burse	D88 ment		0 ŏ s	Y
		D Box 3241						0 7		1	5	2	009	<u>'</u>
	City Cheyenne		State WY	Zip Code 82003				Amou	unt of	Each	Disbur			_
	Purpose of Disburseme Campaign contribution	ent			Г			L.	_			25	00.00	
	Candidate Name Sen. Mike Enzi					tegor Γype	//							
	X	Senate President	Disbursement For: Primary Other (spe	General ecify) ▼										
	State: WY Dist													
	PASCRELL FOR CO	,						Date	of Dis	burse				
	Mailing Address P(OB 640						0 ^M 7	M /	^D 1	5 /	ž	0 0 5	Y
	City Totowa		State NJ	Zip Code 07511				Amou	unt of	Each	Disbur	semen	t this F	Peric
	Purpose of Disburseme	ent			Г		\exists	L.				25	00.00)
	Candidate Name Rep. Bill Pascrell, J	r.				tegory	//							
		House [Senate President rict: 08	Disbursement For: X Primary Other (spe	2010 General ecify) ▼		<u>,, </u>								
_	Full Name (Last, First, I CHARLES A. GONZ	Middle Initial)	ESSIONAL CAM	PAIGN				Date	of Dis	burse		003		
	Mailing Address P(D Box 12612						0 ^M 7	M /	^D 1	5 /	ž	0 0 9) ^Y
	City San Antonio		State TX	Zip Code 78212-0612				Amou	unt of	Each	Disbur			
	Purpose of Disburseme Campaign contribution	ent						L.	_			15	00.00	
	Candidate Name Rep. Charles A. Go	nzalez				tegory Type	//							
		Senate President	Disbursement For: X Primary Other (spe	2010 General										
	State: TX Dist	rict: 20												
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	Use separate schedule(s)	check only one)
ITEMIZED DISBURSEMENTS	Detailed Summary Page	21b 22 X 23 24 25 2 27 28a 28b 28c 29 3
Any Information copied from such Reports and Stat or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) American Academy of Family Physicians	me and address of any political comr	
Full Name (Last, First, Middle Initial) VAN HOLLEN FOR CONGRESS Mailing Address 10605 Concord St Ste 202 City Kensington Purpose of Disbursement Campaign contribution Candidate Name	State Zip Code MD 20895-2526	Transaction ID: D87872 Date of Disbursement M M M / D D D / Y Y Y O Y O Y Amount of Each Disbursement this Period 2500.00
Senate President State: MD District: 08	sement For: 2010 X Primary General Other (specify)	Туре
Full Name (Last, First, Middle Initial) WASSERMAN-SCHULTZ FOR CONGR Mailing Address 1071 Twin Branch Ln		Transaction ID: D88040 Date of Disbursement 0 7 M / D 1 5 / Y 2 0 0 9
5 7		Amount of Each Disbursement this Period 2500.00 attegory/ Type
Full Name (Last, First, Middle Initial) BLUMENAUER FOR CONGRESS Mailing Address 830 NE Holladay Suite City Portland Purpose of Disbursement Campaign contribution Candidate Name Rep. Earl Blumenauer Office Sought: X House Disbur	State Zip Code OR 97232	Transaction ID: D87883 Date of Disbursement M 7 M / D 1 D / Y 2 0 0 9 Y Amount of Each Disbursement this Period 2500.00
SUBTOTAL of Disbursements This Page (optional)	> 7500.00

IT	CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)	_	E NUMBER: PAGE 32/35
	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check or 21b 27	nly one) 22 X 23 24 25 2 28a 28b 28c 29 3
	y Information copied from such Reports and Sta for commercial purposes, other than using the n				
	NAME OF COMMITTEE (In Full) American Academy of Family Physician	s Political Ad	ction Committe	ee	
<u> </u>	Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS				Transaction ID: D88039 Date of Disbursement
	Mailing Address P. O. Box 17813				077 / 15 / 2009
	City Richmond	State VA	Zip Code 23226		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign contribution				2000.00
	Candidate Name Rep. Eric I. Cantor			Category/ Type	
	Senate President	X Primary Other (spe	2010 General		
	State: VA District: 07 Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMMIT	TEE			Transaction ID: D87877 Date of Disbursement
	Mailing Address P.O. Box 8331				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Fremont	State CA	Zip Code 94537		Amount of Each Disbursement this Period
	Discourse of Diskusses and				2500.00
	Purpose of Disbursement Campaign contribution				
	Campaign contribution Candidate Name Rep. Fortney H. Stark			Category/ Type	
	Campaign contribution Candidate Name Rep. Fortney H. Stark	rsement For: X Primary Other (spe	2010 General		
	Campaign contribution Candidate Name Rep. Fortney H. Stark Office Sought: X House Disbuser Senate President	X Primary	General		Transaction ID: D87879 Date of Disbursement
	Campaign contribution Candidate Name Rep. Fortney H. Stark Office Sought: X House Senate President State: CA District: 13 Full Name (Last, First, Middle Initial)	X Primary	General		
	Campaign contribution Candidate Name Rep. Fortney H. Stark Office Sought: X House Senate President State: CA District: 13 Full Name (Last, First, Middle Initial) MATHESON FOR CONGRESS	X Primary	General		Date of Disbursement M 7 M / D 1 D / Y 2 0 0 9 Y Amount of Each Disbursement this Period
	Campaign contribution Candidate Name Rep. Fortney H. Stark Office Sought: X House Senate President State: CA District: 13 Full Name (Last, First, Middle Initial) MATHESON FOR CONGRESS Mailing Address PO Box 521048 City Salt Lake City Purpose of Disbursement Campaign contribution	X Primary Other (spe	General ecify) ▼	Type	Date of Disbursement M 7 M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Campaign contribution Candidate Name Rep. Fortney H. Stark Office Sought: X House Senate President State: CA District: 13 Full Name (Last, First, Middle Initial) MATHESON FOR CONGRESS Mailing Address PO Box 521048 City Salt Lake City Purpose of Disbursement Campaign contribution Candidate Name Rep. Jim Matheson	X Primary Other (spe	General ecify) ▼ Zip Code 84152		Date of Disbursement M 7 M / D 1 D / Y 2 0 0 9 Y Amount of Each Disbursement this Period
	Campaign contribution Candidate Name Rep. Fortney H. Stark Office Sought: X House Senate President State: CA District: 13 Full Name (Last, First, Middle Initial) MATHESON FOR CONGRESS Mailing Address PO Box 521048 City Salt Lake City Purpose of Disbursement Campaign contribution Candidate Name Rep. Jim Matheson	X Primary Other (spe	General ecify) ▼ Zip Code 84152 2010 General	Type Category/	Date of Disbursement M 7 M / D 1 D / Y 2 0 0 9 Y Amount of Each Disbursement this Period

EMIZED DISBURSEMENTS	Use separate schedule for each category of the	S) (chook only	NUMBER: PAGE 33 / 35 / one)
	Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
ny Information copied from such Reports and State for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full) American Academy of Family Physicians			
Full Name (Last, First, Middle Initial) JOHN SHADEGGS FRIENDS			Transaction ID: D87882 Date of Disbursement
Mailing Address PO BOX 45444			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & T \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} N & D \\ I & D \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ I & I & I \end{smallmatrix} \end{bmatrix} \ Y$
City Phoenix	State Zip Code AZ 85064		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution			2500.00
Candidate Name Rep. John B. Shadegg		Category/ Type	
Senate President	sement For: 2010 X Primary General Other (specify) ▼	I	
State: AZ District: 03 Full Name (Last, First, Middle Initial)	OMMUTTEE		Transaction ID: D87875
JOHN D. DINGELL FOR CONGRESS CO Mailing Address 607 14th Street N.W.	JMMITTEE		Date of Disbursement O 7 M / D 1 5 / Y Y O Y 9
City Washington	State Zip Code DC 20005		Amount of Each Disbursement this Period
Washington Purpose of Disbursement Campaign contribution	DO 20003		2500.00
Candidate Name Rep. John D. Dingell		Category/ Type	
	sement For: 2010 X Primary General Other (specify)	ı	
Full Name (Last, First, Middle Initial) FLEMING FOR CONGRESS			Transaction ID: D88002 Date of Disbursement
Mailing Address P.O. Box 1236			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 5 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}^{Y}$
City Minden	State Zip Code LA 71058		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution			1000.00
Candidate Name Rep. John Fleming		Category/ Type	
Senate 2	sement For: 2010 X Primary General Other (specify)	ı	
State: LA District: 04			
SUBTOTAL of Disbursements This Page (optional	1		6000.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	NUMBER: PAGE 34 / 35
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and St or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) American Academy of Family Physicia			
Full Name (Last, First, Middle Initial) TIM RYAN FOR CONGRESS			Transaction ID: D88005 Date of Disbursement
Mailing Address 80 F St NW Suite 80	4		$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} 1 & 2 & 1 & 2 \\ 2 & 1 & 0 & 9 \end{bmatrix} $
City Washington	State Zip Code DC 20001		Amount of Each Disbursement this Perio
Purpose of Disbursement Campaign contribution			1000.00
Candidate Name Rep. Tim Ryan	oursement For: 2010	Category/ Type	
Senate President	X Primary General Other (specify)		
State: OH District: 17 Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID			Transaction ID: D87856 Date of Disbursement
Mailing Address PO BOX 19163			$\begin{bmatrix}\begin{smallmatrix}M\\07\end{smallmatrix}^M&\begin{smallmatrix}I&D\\15\end{smallmatrix}\end{bmatrix}^I\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y\\2009\end{smallmatrix}^Y\\\end{smallmatrix}$
City LAS VEGAS	State Zip Code NV 89132		Amount of Each Disbursement this Perio
Purpose of Disbursement Campaign contribuiton Candidate Name		Category/ Type	-5000.00
Senate President	oursement For: 2010 X Primary General Other (specify)	No.	[MEMO ITEM] Redesignation of 5/4/09
State: District: Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID			Transaction ID: D87857 Date of Disbursement
Mailing Address PO BOX 19163			$\begin{bmatrix}\begin{smallmatrix}M\\07\end{smallmatrix}^M&\begin{smallmatrix}I&D\\15\end{smallmatrix}\end{bmatrix}^I\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y&Y\\2009\end{smallmatrix}^Y\\\end{smallmatrix}$
City LAS VEGAS	State Zip Code NV 89132		Amount of Each Disbursement this Perio
Purpose of Disbursement Campaign contribution			5000.00
Candidate Name	oursement For: 2010	Category/ Type	[MEMO ITEM]
Office Sought: House Disk Senate President	Primary X General Other (specify)		Redesignation
State: District:			
SUBTOTAL of Disbursements This Page (optio	nal)		1000.00
	,		28000.00

B. Form/Schedule : SB23 Redesignation of 5/4/09 contribution to primary electionTransaction ID : D87856

Transaction ID: D87857

C. Form/Schedule: SB23 Redesignation of 5/4/09 contribution of \$5000 from 2010 primary to 2010 general election.